Facility Evaluation: MDC COVID-19 Response
By Dr. Homer Ventners

It should be noted that Dr. Ventners[1] met with MDC staff that attempted to put the "best foot forward". Dr. Ventners has unchallengeable credentials (listed in the complete submission) for evaluating MDC and any other medical facility. The conditions in the report and hi-lighted within this summation are merely a minor subset of the realistic conditions day-to-day.[2]

- The entire report has been submitted in a 2020 Second Circuit case.

The entire report takes ones breath away, unless you are detained at MDC. Then, you simply know that you may die under these care conditions; like many have prior and recently, both directly and indirectly (unreported).

- The staff routinely complains outwardly that they are being asked to defend a global pandemic (amongst other daily issues) with nothing more than a lolli-pop.

Dr. Homer Ventners reported for the Second Circuit case, as a medical expert:

At 1 (¶1): "I visited the Metropolitan Detention Center in Brooklyn, New York (the "MDC") on April 23, 2020. I was alarmed by the facility's failure to implement simple procedures, in-line with the Center for Disease Control (the "CDC") guideline, that could identify patients ill with COVID-19 throughout the facility, and ensure that high-risk patients receive adequate care."

At 3 (¶6):" The MDC's failures, described in detail below, represent gross deviations from adherence to correctional standards of care and CDC guidance."

At 5 (¶13): "In order to prepare this report, I visited MDC on April 23, 2020 and physically inspected the facility. I toured and examined the entry and screening area, four housing areas, and the health service unit. Housing areas inspected included the special housing unit, unit 82 (cadre), unit 41, and unit 84 (isolation)."

- Please note that the cadre unit (82) is a camp-status facility and managed unlike the violent, unruly typical units at MDC; living in relative "privileged" conditions.

---

[1] Case 1:20-cv-01590-RPK-RLM -- Document 72-1 -- Filed 4/30/2020

[2] Unreported in the media or Dr. Ventners report was the first death at MDC in or about mid-April. An inmate was transported to a local hospital where he died of symptoms documented as "pneumonia" after several days in intensive care. Pneumonia is one of the deadliest symptoms of the novel corona virus attack on the immune system. This was concealed from the media.

Facility Evaluation: MDC COVID-19 Response
By Dr. Homer Ventners

At 6 (¶16): "The information I have gathered via the above referenced documents, in conjunction with the results of my physical site visit, are sufficient for me to come to the conclusions drawn below, with a high degree of confidence."

At 6-7 (¶17): "**Current practices in the MDC likely fail to detect all cases of COVID-19 and also fail to even track the presence of COVID-19 symptoms throughout the facility.** Therefore, the number of infected people and staff is likely much larger that currently appreciated."

At 7 (¶18): "The CDC recommends that all new admissions to a detention facility be screened for both signs and symptoms of COVID-19. Several people I spoke with reported that they **had not been screened at all when they arrived at MDC**, a clear deviation from the basic CDC guidelines."

At 9 (¶24): "Multiple detainees reported filling out these sick-call forms repeatedly because they feared they had COVID-19. After multiple requests, the only response was for a health staffer to come to their cell and take their temperature…this was even the case even when they reported a shortness of breath."

At 10, Header: "***Paper sick calls were destroyed and not scanned to patient medical records***"

At 10 (¶29): "This represents a gross deviation from basic health care standards because the sick-call request form is part of the patient's medical record."

At 11 (¶34): "These responses raise the concern that MDC is not only failing to provide adequate COVID-19 response, but is failing to provide the most basic assessment of patients in other types of medical stress or emergency."

- In mid-April, Kenner suffered from repeated blackouts in the cell after days of 24/7 lockdown. After being roused by Kenner's cellmate while lying on the floor with blood coming from Kenner's head, the emergency button was triggered in the room. Kenner rested on the bed for 15 minutes while waiting for emergency staff. Kenner attempted to stand up and go to the bathroom again but immediately blacked out a 2nd time that same night, again striking his head on the toilet bowl. Kenner suffered 2 severe concussive blows to his head that night, leaving him unconscious both times. No staff responded to the emergency button, while Kenner was in bed – in and out of consciousness -- through the remainder of the night. In the morning, the new officer was told

about the need for immediate medical. No person followed-up with Kenner.[3] Medical staff has not attended to the requests for CT scans (or similar) since 2016 for these blackout symptoms (and the simultaneous migraines, vertigo, and nausea). All medical issues, certainly severe and serious ones, are met with a deaf ear.

At 11 (¶31): "**This practice, described by Ms. Vasquez, appears to be the intentional destruction of medical records**. During a viral pandemic, such as the COVID-19 outbreak, **this is a very alarming practice**."

At 11, Header: "***MDC Response To Urgent Sick-Calls Is Inadequate***"

At 11 (¶32): "While I was present at the MDC facility, several patients reported that when they had an urgent or emergency medical problem, the only response was for staff to come and take their temperature, without removing them from their cell for clinical assessment."

At 11 (¶34): "**The responses raise concern that MDC is not only failing to provide adequate COVID-19 response, but is failing to provide the most basic assessment of patients in other types of medical distress or emergency."**

At 11, Header: "***MDC Nurses Are Not Attending To Sick-Calls Or Tracking COVID-19 Symptoms***"

At 12 (¶39): "When asked about the tracking of COVID-19 symptoms, Ms. Vasquez, who is the lead health administrator at MDC, stated that it was not being done and that it was not possible given their data systems. **I view this refusal to track the incidence of COVID-19 symptoms among the patients in their charge as especially egregious and intentionally designed to avoid knowing the extent of the outbreak and providing the necessary care."**

At 13 (¶40): "Based on my physical inspection of the MDC, it is my assessment that several current practices in MDC actually **promote a more rapid spread of COVID-19** inside the facility and serve to work against some of the infection control measures already in place."

---

[3] These blackouts have been repeated issues since the 2010 Mexico jailhouse beatings by Jowdy's people (and others involved in the 2nd Kenner arrest and abduction).

Facility Evaluation: MDC COVID-19 Response
By Dr. Homer Ventners

At 13, Header: "***MDC Has Not Implemented Adequate Infection Control Practices***"

At 13, (¶43): "While at MDC, I observed several correctional staff not wearing gloves or masks, and it was not clear who was mandated to wear masks or gloves."

At 14 (¶47): "I spoke with one detainee who is at high-risk of serious illness or death from COVID-19 who was transferred into the isolation unit for non-COVID-19 reasons."

At 15, Header: "***The Physical Environment At MDC Is Conducive To The Spread Of COVID-19***"

At 15 (¶48): "During my physical visit to the MDC, I was concerned that the cells were much colder than the tier. In fact, as soon as we entered into the unit, detainees began to yell about how cold their cells were."

At 16, Header: "***The MDC Has Not Implemented Any Special Procedures For High-Risk Patients***"

- Kenner is vulnerable to 2 categories of CDC's "high-risk" symptoms: coronary artery disease (current and genetic) and obese (body mass index of 40 or higher).

At 16 (¶54): "Detainees also confirmed that the institutional toilets cause a spray – or plum[e] – when flushed. This is critical concern because of potential fecal-oral transmission of COVID-19 between cellmates, and the practice of having high-risk detainees in cells with other people. Conditions reported by these patients included poorly controlled asthma and **coronary artery disease**. These patients indicated that the way they would need to report and COVID-19 symptoms would be to rely on sick-call, **which is defective**."

At 11, Header: "***Illustrative examples***"

- Dr. Ventners could have expanded this entire section *tenfold* if the MDC did not direct the inspection to the "**best**" of the units with the most mitigated conditions, **not the "typical" housing units of detainees**.

At 18-19 (¶62): "**Virtually none of these [CDC] guidelines were followed in these two examples**. It is doubtful that MDC will be able to enact these guidelines if they

continue to utilize a shared unit, which lacks a clinical examination room, PPE cart and other basic infection control features."

At 18 (¶63): "The gross failures in MDC's response to their repeated attempts for assessment and care **indicate multiple system failures** in the overall COVID-19 response. **I am therefore concerned that people are infected with COVID-19 who are not being detected by the facility, and that as the outbreak spreads, some of these people (detainees and staff alike) will become gravely ill when early detection for their illness, and slowing the outbreak spread, could have instead been implemented."**

At 22 (¶67-68): "**Based on the above considerations, it is evident that the MDC has failed to implement straight-forward best-practices derived from the CDC guidelines as well as outbreak best practices. I am therefore concerned about the ongoing health and safety of the population at the MDC, and the likelihood of the continued spread of COVID-19 therein."**

Executed on: April 30, 2020
Dr. Homer Ventners